FILING DATE SERIAL NO MULTIPLE D. NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANTIST CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT
. IND. DEP. IND. DEP. AS FILED DEP. IND. DEP. IND. IND. DEP. IND. DEP. 5. 62] 12. - 19 • 24 % 75. 79 1 * 33 . 43 . 49 TOTAL TOTAL TOTAL DEP: TOTAL TOTAL CLAIMS **EEEEEE** ONLY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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